# EDICAL

A Monthly Devoted to the Advancement of

Medicine, Surgery, and the Collateral a Byrup with a Slightly Alkaline Resetted

D. MACLEAN, M. D. Editor. A. E. SCOTT, M. D. Associate Editor. in yel bortod villago outent out of James by M. E. VAN METER Mo.P. Jantrogani

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California Journal Company, 1422 Folsom Stor San Francisco, Cal.

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Vol. XIII

DECEMBER, 1892 speech guiterilide burne, 12.

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DR. EGBERT H. GRANDIN. Obstetric Surgeon New York Maternity Hospital, Infant Asylum. etc. "Peroxide of Hydrogen in Gynecology and Obstetrics." The Times and Register of Philadelphia, Pa.

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# California Medical Journal

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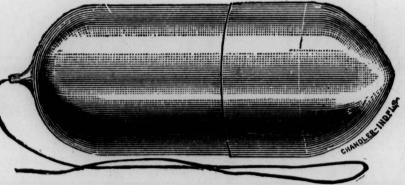
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## THE

# \*CALIFORNIA \*MEDICAL\* JOURNAL.\*

VOL. XIII. SAN FRANCISCO, CAL., DEC., 1892. No. 12.

The Board of Examiners of the Eclectic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary, 112 Grant Avenue, San Francisco.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain When you wish to begin a paragraph at a given word, place before it in your Ms the sign ¶. Words to be printed in italics should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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#### Clinical Case of Reflex Asthma.

EDWARD LOUIS FOX, M. D., House Surgeon, Cook Co., Hospital, Chicago, Illinois.

Ben. C. gives a history of suffering from periodical attacks of asthma, for the last ten years. The paroxysms occurring three or four times a year for the first two or three years, gradually becoming more frequent until the last two years, when the paroxysms began to come about every three or four weeks, weakening him so that he was able to do no work. He was admitted to this hospital several times previous while suffering with severe paroxysms. In his own language "just before he was going to choke to death," the physicians administered chloroform which on being repeated every three or four hours gave him considerable relief and with other treatment was improved enough in a week or ten days to return home only to be brought back in a few weeks in the same condition.

The fourth time he was admitted under my care. I was called down to the ward about nine o'clock p. m., where I found the patient suffering with severe dyspnœa, cyanosed and dripping with perspiration. Pulse rapid. Pupils dilated. I immediately anæsthetized him with chloroform and he began to breathe quite freely. About one o'clock A. M., patient was taken with another paroxysm, narcosis was again produced with chloroform and orders were left to give him Tartar Emetic grs. iij. every hour, but if emesis was produced to give it every two hours. In the morning he was slightly improved. I made the following examination:

# Physical Examination

Poorly nourished. dark complexion, brown hair and eyes, 5<sup>3</sup>/<sub>4</sub> feet in height, weighs 130 pounds. Face syanosed, pupils dilated, perspiration dripping from his forehead, dyspnœa and some mucous in the throat and mouth.

Chest—Well formed, expansion quick and spasmodic, respirations thirty to forty per minute. Broncho-vesicular breathing increased in the upper lobes. Percussion note slightly hollow. Whistling sound in the larynx on inspiration.

Heart—Area of dullness normal, no organic lesion discovered. Pulse rapid.

Liver, Spleen, Kidneys and Abdomen-negative.

Expectoration—Small quantity of clear mucous with tough yellow masses after patient coughed hard. Examination under the microscope shows octahedral asthmatic crystals lying in degenerated pus corpuscles, calci-oxalate crystals and a few epithelial scales.

After treating the patient for three or four days he became much better and on considering the case, I made up my mind that it was a case of reflex asthma. I examined the anterior and posterior nares pharynx and larynx, but could discover no lesion. I then asked him if he had a stricture of the urethra, but was answered in the negative. On questioning him about his rectum he said "once in a while I have a hæmorrhage from my piles and at times my bowels come out but is easily pushed back with the finger."

I made up my mind that this was the seat of trouble, and about one week after his admission I transferred him to the surgical side to make a thorough examination and use what operative measures I saw would be of benefit to the patient.

The patient was given magnesia sulphate 3ss at 6:10 p. m., and in the morning an enema of warm water, soon after which he was put upon an operating table, anæsthetized with chloroform, placed in the lithotomy position, parts shaved, scrubbed with soap and sterilized water and then with bichloride of mercury 1-500. Bichloride towels were placed about the parts. Patient was now ready for a thorough examination.

Two hæmorrhoids about the size of hazel-nuts were visible on the right side: on the left side there was one about the size of a hickory nut which showed signs of breaking down. A Pratt's speculum (rectal) was now introduced and the rectum dilated to the fullest extent of the speculum. Numerous internal næmorrhoids of small size were visible, and on the posterior wall of the rectum was an ulcerated surface about two centimeters long and one and a half centimeters in width. The mucous membrane was very abundant, protruding about four centimeters. Hiltons white line

and the columns of Morgagni were not well marked, no pouches of importance were found in the sacculi Horneri., As I had too much mucous membrane and as the lower part was the seat of disease, I decided to remove that part of the mucous membrane. I caught it with Pratt's T forceps about three centimeters from the anus on the posterior surface, then applying three more in like manner on the anterior and lateral walls, then with a curved scissors I clipped the mucous membrane in a circle just above the forceps, dissecting it out carefully, removing all the diseased tissue and hæmorrhoids. leaving a clean bleeding surface. Hæmorrhage was now controlled by torsion and hot water irrigation. The mucous membrane which had retracted back in the rectum about four or five centimeters, was brought down with the T forceps and approximated to the margin of the anus where it was held by putting in two rows of continued cat-gut sutures, then about five, deep, interrupted sutures to lessen the tension on the continued sutures.

The rectum was now irrigated with sterilized water, and wound dressed with iodoform in the usual manner. I do not use a rectal tampon, as it causes much pain and does but little good.

The patient was put to bed and orders left that he should receive Pow. Opium grs. 1. every four hours, night and day, and also be given only liquid diet. The next day he had a temperature of 101° Farh. The dressings were removed and the wound irrigated with sterilized water and dress das before The second day the temperature dropped to 99° and his asthma was very much improved. Five days after the operation the wound was still clean but the tension on the posterior surface was sufficient to have about three centimeters of the

mucous membrane tear loose from the sutures, eaving a granulating surface. Sometimes, and it is always the case where you do not have a prolapsed membrane, the entire mucous membrane tears away from the sutures and leaves a free granulating surface which takes weeks, even months to heal; but there is but little if any pain, and if proper attention is given to it by the surgeon, there is no danger of a stricture. Ten days after the operation he sat up and a few days later was walking around the ward.

The Pow. opium was stopped being given at night on the fourth day and discontinued altogether on the eighth day. On the tenth day he was given a copius enema of soap and water which removed the dried fæces. Two weeks after the operation the wound had healed except a small place on the posterior surface which was healing nicely by granulation.

The patient was entirely relieved from his attack of asthma and was discharged recovered. I saw him last week six months after the operation and he has had no symptoms of its return. I consider my treatment has permanently cured him of his asthma.

## Observations in Practice.

#### The Ancient vs. The Modern.

BY A. S. TUCHLER, Class '92, California Medical College.

Among the collegiate requirements at the termination of the three years' course devoted to the study of medical science, is a contribution, in the shape of a thesis. I therefore choose the above for my subject:—

The writer, desiring to determine for himself the comparative methods of treatment of the old, or Allopathic school of medicine, with that of the modern, or Eclectic practitioners, as well as to acquire a few of Uncle Sam's double eagles, during the collegiate course, undertook professional nursing with that end in view.

My first case was that of a young man about 30 years of age, strong and robust before his sickness, probably weighing 220 pounds.

When I was called upon the scene, he was in the third week of typhoid fever. He was attended by a young graduate of an "old school" college, who was the physician of the lodge of which his patient was a member.

At the time when I took up my duties at the bedside, he was somewhat delirious, pulse rapid and feeble, temperature ranging from 103 to 105 degrees F., tongue dry and parched, with sordes present.

My first instructions were, not to give the sufferer any cold water, although in sane moments he craved for it exceedingly. He was given milk and limewater or whiskey, at regular intervals, alternating with beef-tea, and a cold sponge bath when the temperature reached 103 degrees. An eight-ounce bott le of an infusion of digitalis was on the table, of which I gave one teaspoonful every four hours.

The family at this time, becoming rather impatient, since no improvement was noticeable, called in consultation a prominent practitioner, a professor in the same institution from which his young confrere graduated. He fully endorsed the treatment and capped the climax by prescribingten grain powders of phenacetine every six hours. Of course, the patient died by the end of the week. The necessity evidently never occurred to the attending physician, nor to the consulting doctor, of adopting antiseptic treatment as was clearly indicated by the breath, the tongue and the discharges

from the bowels. Instead, however, depressants were prescribed, all aiming at the heart just as if that organ was to blame.

Being present in the capacity of nurse, I obeyed their instructions to the very letter, yet when I saw indications for remedies, as taught by my preceptors and suggested by the pathological symptoms, I certainly felt thankful that my medical studies and investigations were not pursued in the old line of thought.

It is unquestioned that a thorough knowledge of every department of medicine is preparatory for, and minor to, the giving of drugs for diseased conditions; but when members of a school are thoroughly conversant with the principles of anatomy, physiology, chemistry and other branches of a medical course, yet fail to inform themselves upon the properties of drugs, or their action upon the organism and the indication for their use in disease, they are but poorly qualified to practice their profession. It is apparent that the most important and the one to which all others are subservient—the practical part of the science; that in which the patient is directly interested—has been sadly neglected for a study of natural history by our self-styled "Regular" brethern.

It is certainly to be hoped that the circumscribed ideas with which the graduates of their institutions are hampered will be broadened sufficiently to overcome their prejudices and induce them to accept a more rational method of treatment.

Eclecticism teaches its disciples to give particular attention to the symptoms of disease, not with a view primarily of being able to name the disease, but more especially that they may be able to "choose" the drug or drugs which ex-

perience has taught will cure or alleviate the symptom or symptoms present; just as thirst is an indication for water—barring stronger propensities.

It is certainly desirable to name the disease, whatever it is, but not that such a name should be a guide in the selection of our medicines. The relation between symptom and drug action is constant, and when we have determined that a certain symptom will be relieved by a certain drug in a given condition, we have determined the relation for all time and under all circumstances; therefore, the indicated drug is a specific for a given condition. The symptoms calling for "gelsemium" will be relieved by the drug, as taught by the fathers of eclecticism, regardless of the nature of the disease. A half dozen or more different diseases, presenting the symptoms calling for a single remedy, should each get this drug, and with equally good results in each case.

My next case was that of a gentleman in the prime of life, but a victim of La Grippe. When summoned to the bedside to care for this individual, he was in a raging fever and was with difficulty induced to stay in his room, not taking the bed into consideration. He was waited upon by a French Physician of the Allopathic persuasion, said to be of high standing in his profession, and recently from his native land.

This patient's ailment commenced with a severe chill for which hot applications and morphine were prescribed. During the stage of re-action the morphine, with quinine added, was continued, with the result as above described.

The family at this juncture, becoming thoroughly alarmed, sent for their old family physician, who had previously been absent from the city. This doctor adopted the expectant plan of treatment—no medicine of any kind—but direct-

ed that sponge-baths and a liquid diet, of a sustaining nature be administered, which soon brought about my discharge.

From observations and personal experience in treating this terrible (?) influenza, the high death rate recorded I am led to believe, is brought about by just such medication as above detailed rather unscientific in its application.

When we remember that the mucous membrane is the seat of this affection, and that in consequence of the determination of blood to this part of the body, and also to all internal organs, diminishes peripheral heat, the first thing that would suggest itself is, that this condition of things must be overcome by stimulating the skin in order to relieve the interior of the body from this engorgement. This, followed by proper tonics or antiperiodics and accompanied with careful diet, will undoubtedly have the effect of limiting the doctor's, and indefinitely postponing the undertaker's bill.

Although quite a number of cases could be detailed—cases which proved of inestimable value as affording means for comparing this "classic" treatment with that of Eclectic teachings, and which no embryo in medicine can form any idea of, —I refrain doing so, not wishing to impose upon the good nature of my readers.

One case in particular, however, illustrating this treatment of expectancy, also by a professor of an "old school" institution, was a case of pleuro-pneumonia. A gentleman of about 40 years of age, his vocation being that of a carpenter and builder, was almost a raving maniac when I was called upon as nurse, to administer to his wants. It was the third day of his illness, temperature ranging from 102 to 104 degrees F. Morphine pills, in 4-grain doses were prescribed for the pain, from the start, with milk and whiskey as a diet.

On the fourth day, consultation was demanded by the pa-

tient's better half, she being a very intelligent woman. The resultant recipe was a solution of ammonium chloride, in table-spoonful doses, every three hours. A cantharides plaster was applied over the region of pain. The morphine pills were consigned to the fire, since the patient craved and begged for them when they were denied him. By the end of the week the patient's breathing became so oppressive that assistance was again called for, with the result that the chestwall was tapped with an aspirator and two quarts of fluid drawn therefrom. This was repeated in a week and was followed by the formation of pus in the plural cavity. The patient was now removed to an hospital, where three ribs were exsected and the cavity made thoroughly aseptic. It was fully seven months from the time he was first taken sick that he was able to do any work at all.

So much for a condition which could easily have been aborted in the beginning by any student of the Eclectic school, and the patient saved many months of agony, and the consequent loss by being unable to attend to his business.

What a beautiful result in such a condition can be obtained from very small doses, frequently repeated, of a good alcoholic tincture (as made by Lloyd Bros., under the class of "specific medicines") of bryonia and veratrum or jaborandi or asclepias, as may be indicated by the pathological conditions, in connection with a careful diet! How the pain will vanish and the determination of blood to the parts involved be thus limited!

This is not at all drawing upon the imagination, but a result obtained on numerous occasions during my collegiate studies, and in office as well as private practice with a much

beloved and honored præceptor.

And now in conclusion I beg to express my appreciation and gratitude for the many acts of kindness and assistance which have been extended to me by each and every one of my præceptors in the pursuit of my studies. Their friendship, which was tendered in a time of need, proved to me that they are friends indeed.

## Vaccination.

BY A. B. SIMMONS, M.D., West Saticoy, Cal.

In the October Number of the Homœopathic News there appears an article by Mr. G. Andrew of Gainsborough, upon the effects of Vaccination, in which he says, in substance "an epidemic of small-pox occurred in that town about three years ago, and during the epidemic the percentage of deaths was greater among those who had been vaccinated, than among those who had not."

The report is so clearly at variance with the writer's experience it might be said to constitute an anomaly in medical practice. In the first place the death rate was much too large even if the question of vaccination had been discarded entirely.

The writer has had experience in the treatment of the malady through two endemics, and during the prevalence of each had ample opportunity to observe the effect of vaccination in its various phases.

In neither instance was it apparent that vaccination was a perfect prophylactic but in both endemics it was clearly proven that it materially modified the small-pox in every case, and in many cases converted a malady, which in the un-vaccinated proved a most formidable and loathsome disease, into one of comparative insignificance.

The first endemic occurred in the summer and autumn of 1867 in Indiana, in the country—did not get into town;—about forty cases being the result of the infection, 18 of which were in unvaccinated persons, of various ages from two to sixty odd years; every unvaccinated patient had the disease in a severe confluent form running a course of from three to six weeks; whilst with each and every one who presented the characteristic vaccine "scar" the ailment was of little importance, a number of them not being confined to bed at any time, some not even being confined to their room but moved around "doing chores" almost as though there was nothing wrong with them.

The time of vaccination, or interim between that and the time of exposure to the contagion being of little or no significance; two of the mildest cases being those of a gentleman and his wife, each over 60 years of age, both of whom had been vaccinated in childhood, one before the years of recollection; while others had been vaccinated in later years. I vaccinated a number of patients after exposure to the contagion and in every case where the vaccine pustule began filling prior to the advent of the fever of the variola, the vaccination took precedence and converted the case into varioloid, though usually of a more severe type than in those who had been vaccinated prior to the exposure.

Every case, but one, of this endemic was treated by the writer and his associate, the only death occurring being the one excepted case which was treated by a Homœopathic Physician.

These are facts that can be substantiated by at least one medical witness yet living—Dr. N. Simmons, of L•wrence, Kansas—who was then my associate in practice. Had there been even one exception to the above facts I probably would not feel warranted in speaking positively in favor of vaccination, but under the circumstances I can attribute it to no other agency; especially is this so when taken into consideration with evidences equally convincing, in another endemic which came under my professional notice several years later in Illinois.

I do not question the statements of Mr. Andrew as above quoted, but who can solve the problem of the discrepancy in the effects of vaccination in the different epidemics?

It may be proper to state here that all vaccination up to the time herein spoken of had been done with humanized virus, and perchance some if not all of the cases noted by Mr. Andrew may have been with non-humanized virus. May this not solve the mystery? Who can tell?

# The Eclectic Medical Society of the State of California--

Will hold its next annual meeting on Tuesday and Wednesday Dec. 13th and 14th, '92, in the Cal. Med. College Hall, 1422 Folsom Street, San Francisco. All liberal physicians of the Pacific Coast are cordially invited to be present.

From the indications we will have a very large attendance, and there is no question, but that, the subjects that will be presented will be ably and profitably dealt with.

Wake-up! Eclectics. Turn out, and show your appreciation of what has been, and is being done for you. You can be assured of a cordial welcome.

Respectfully, W. A. Harvey, Sec'y 112 Grant Ave.

# Fourteenth Annual Commencement Exercises of the California Medical College.

After a most harmonious and faithful year's work, the California Medical College closed its fourteenth year. The past year has been the most successful in the history of the College. We had the greatest number of matriculants, and the largest graduating class. The graduates passed a most rigid examination with great honor to themselves, not one of them but went much above the required per cent. and a number of them scoring close to the 100 mark. There were three ladies in the class and they were among the very best in standing. The following is a list of the names of those who graduated:

Charles E. Congdon.

Bruce Travis Cockerill.

Andrew O. Conrad.

Addison S. Carmichael.

Tillie Campbell.

Carrie Louise Cook.

Thomas Francis Childs.

Robert F. Davidson.

Walter Henry Fearn.

Cameron Knight.

Bendetta B. LaGrange.

Lincoln D. Rink.

Luella Stone.

Alexander S. Tuchler.

Edward L. Webb.

The exercises were held Wednesday Evening, Nov. 23rd, in Metropolitan Temple, which was full to overflowing, by an appreciative audience. Music was furnished by the Golden Gate Park Band. The following programme was rendered:

1. Overture—Selections from "Lucia" ORCHESTRA.	Donizette
2. Invocation—	
REV. W. W. CASE, D. D.	
3. Organ Solo—"Processional March" PROF. W. WHITE.	E. B. Smith
4. Introductory Remarks— PROF. JOHN FEARN, M. D.	The same
5. Pantomimic Expressions—  MRS. CARRO TRUE BOARDMAN.	today kon
6. Cornet Solo—"Americus" - MR. I. G. COGGIN.	- Cox
7. Conferring of Degrees—(By the President) PROF. D. MACLEAN, M. D.	seso vila e
8. Vocal Solo—"The Toreador" from "Carmen" - MR. ARTHUR COHNREICH.	- Bizet
9. Address— PROF. J. W. HAMILTON, M. D.	
10. Chorus—"Damascus" PROF. W. WHITE, LEADER.	Costa
11. Benediction—	
REV. W. W. CASE, D. D.	
12. Orchestra—"Good-night"	

Prof. Fearn's "Introductory Remarks" developed into a most eloquent address, devoted principally to the meaning of the term 'Eclectic' and its advantages over the old school practice, especially that of the past.

Prof. Maclean delivered a most interesting address to the graduating class; and also compared the American with the foreign educated doctors, drawing the line very distinctively in favor of American doctors and American institutions.

Prof. Hamilton was the orator of the evening and delivered a splendid address which was well taken.

After the close of the exercises, the Faculty, the graduates and a few invited friends, including some members of the press and some of the faculty of the Hahnemann College repaired to the Baldwin Hotel, where a banquet, given by the faculty to the graduating class, had been prepared. It was an occasion long to be remembered.

Prof. Miller, was chosen toast master and was asked to respond to the toast—"Our College Banquets" which he did in the following language in his own inimitable style.

Ladies and Gentlemen:—If the theory of the materialists be true. "that mind is but a function of the material brain," then the ultimate source of mind must be the means by which brain integrity is maintained, that is, food and drink. Hence arises the corollary: The better the "eating and drinking," the higher in degree will be the mental product.

But regardless of fine-spun theories, it is undoubtedly a fact, that good food, jolly companions and pleasant surroundings all make us brighter and better.

Thus it is, that our college banquets with their agreeable associations, are a means of increasing in no small degree the sum total of our happiness. Here are fun and good humor, which act as a healing balm for all the little unavoidable heart-aches and misunderstandings, that must arise during an almost daily intercourse for three long years, between professors and students, and students with each other.

At our banquets, we drown all the unpleasant things of the past in champagne. Not only do we drown our grievances, but we wash away all professional lines of demarkation. We are no longer professor and student, but are henceforth known as members of the same great fraternity; a fraternity whose members have many interests in common, but which grants an individual freedom, that permits the best man to win. So as we go forth from our banquets, we are friends: we—(hic)—cling to each other!

The stomach is a vulnerable point: perhaps something more than a point. By way of the stomach, is said to be the most direct road to man's heart; man, you understand, embraces—woman. That is, in this case, the word is used generically. It includes all mankind. For even lovely woman has a demand for substantial food. It is no pleasure for her to exist long on rose leaves—alone.

By the way, how man's sympathies, the world over, go out after a lonely woman. If, as the poet sings,

"The women were all transported Far beyond the Northern sea,"

how popular would become expeditions to go and search for the north pole. All these young gentlemen would begin to 'save up" to buy their fur mittens. Yes, they would have to buy their mittens then. I believe even our dignified president would soon head a procession for the North, and every last professor would fall in line.

Well, young ladies and gentlemen, don't become rattled by what you hear to-night. We are like a flock of chickens, when an egg has been laid. You know they cackle and crow and imagine the whole world is listening, but the farmer doesn't value the noise. He only thinks of the egg he will find in the nest. The world wont care for the noise we make unless it is accompanied by something more substantial Keep ahead of the times. Make Eclecticism an essential factor in the world's progress, and the world will do its part toward you.

Now we will continue the exercises by asking a response to the following toasts.

The California Medical College—may the energy and faithfulness of the trustees continually increase the sphere of its usefulness.

Responded to by Dr. D. MACLEAN, President of Board of Trustees.

A desirable desire—A wish to be fondly hoped, that the usefulness of the California Medical College may be continually increased. We who are around this Board, Trustees, Faculty and Guests, can echo that sentiment. The California Medical College has passed its days of childhood. It has passed through all the ills of infancy and cut its wisdom teeth. It is now on the high road of prosperity, but still needs, not only the energy and faithfulness of its trustees, but of every member of its faculty, and child of its birth.

A few of us planted the banner of American Medicine on the Pacific Coast and established the California Medical College as a burning lamp whose rays of light would send forth and illuminate medical truths far and near. We have been reinforced from year to year until at present, we have an army of veterans and drilled recruits that should fill the heart of every true Eclectic in Medicine with pride and satisfaction at the progress that has been made.

The California Medical College stands second to none. No abler or more earnest corps of teachers ever associated together or worked with more harmony, than the members of its faculty, and it is owing to this unison of feeling that it has arrived at its pre-eminent success.

Only one thing is lacking. Its students must and shall be admitted to the public institutions of this city, under the same rights and privileges as students of other, older colleges. This is the one thing to which the trustees of the California Medical College shall in the future devote their energies. There shall be no lagging on their part, their shall be no cessation from their labor until the 'wicked cease from troubling, the weary are at rest', and the faculty in charge of several departments of the City and County Hospital.

The Medical Press—what would the profession be without it.?

Responded to by Dr. Van Meter.

The Medical Press—The great drive-wheel in medical and surgical progress. It is to the profession, what the daily press is to the laity; it is its educator. It is the means of gathering together from every source, and disseminating through its current literature, the latest and best thoughts of the day. It is meat and drink to the busy, progressive physician. It is his kind advisor, his friend in time of need. The medical profession without medical literature in the form of periodicals would be like our country without the daily press—wrapped in darkness and many years behind the times.

Medical magazines, as a rule, are filled with the gems of thought and the active experience of the brightest intellects of the land. They will compare favorably with the very best literature of the day; and fill a place that can in no way be substituted. They are interesting because they are bright, newsy, practical, and up with the times; and are far ahead of and more instructive than the ordinary 'text-book.' They are the medium through which, live, energetic practitioners communicate and exchange ideas, giving and receiving the best information known up to date.

The doctor who ignores the medical press, is a drone in the medical hive. He is not a safe practitioner, nor a fit associate for progressive men.

The doctor who never reads a medical journal never drives a fat horse, nor wears good clothes, and never makes a mark in the world.

When we want to learn about the new discoveries in medicines, or the latest and best methods in surgical operations; where do we go for our information? To our text-books? No!

We go to the latest copies of our medical magazines.

Thus we see the benefits to be derived from the medical press through its periodical literature; and now the question presents itself: how are we to make our medical journals what they ought to be? We answer this question by saying that every intelligent, wide-awake physician should be a spoke in the great wheel of medical and surgical progress. He must not only be a reader, but a writer. He should not reap the benefits to be derived from the labors and researches of others, without being willing to contribute his mite to medical science, on which hangs the weal or woe of countless numbers of his fellow-beings.

It is a mistaken idea, that the success and usefulness of a medical journal depends alone upon the tact and talent of its editor. This is no more true, than it is that the bountifulness of the harvest depends upon the man who builds the barn in which it is garnered. On the contrary it is the busy workers in the active fields of practice to whom we must look for our richest contributions; coming as they do, laden with golden fruits ripened by experience.

Not alone from the hospitals nor the medical centers of the great cities must we expect, nor do we get all of our best thoughts. But they come from every hamlet, village and town throughout the country. Where-ever there is an intelligent, progressive physician, there will be sown seeds, the benefits from which will be reaped by others.

It is the general practitioner, with his varied experience, who can fill our journals with interesting and instructive matter.

We often wonder if the country doctor, when quietly perusing his favorite journal, during leisure hours or hastily scanning the pages of his latest periodical for a hint that will help him out of some serious dilemma; we say we wonder if he ever thinks that he may be the possessor of some knowledge, gained by experience or otherwise, that might, if published in some medical journal, be of benefit to some fellow practitioner?

It is not the long exhaustive articles, written by a few, on some new theory or abstruse subject, that fills our journals with valuable information; but it is the reports of interesting and unique cases, and short practical articles founded on the every-day experience of the many busy workers.

We have now outlined some of the benefits of the medical press, and how to make its literature interesting and profitable reading; and will now pay our respects to the poorly paid, never thanked, but ever criticized editor. His is a dual life; for he must not only be a writer, but must also pass judgement on the writings of others. He must also be posted in the different branches of the profession. He must be an energetic, wide-awake, all-around man. He is expected to sacrifice his personal interests for the interest of his pub-His journal is not wanted unless it is filled with lication. the latest and best from contributors, exchanges and editorials: yet if he reject some contribution which he thinks would not edify his readers, he is most heartily censured. He must never lose sight of the fact that it is things of practical importance that his readers will appreciate: whether it be an editorial, a contribution or a selection, from an exchange, it should always be his aim to put before his readers that which is the newest, the latest and the best. The second secon

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The future matriculates of the California Medical College—may their requirements be of the highest order, and their numbers like the sands of the sea-shore.

Responded to by Dr. F. CORNWALL,

The student of medicine is too often lacking in a knowledge of words used in the sciences included in the treatment of the departments of medicine. There is a great deal of time lost defining words which would better be spent in elucidating the facts of science. To some students the first year's lectures are scarcely intelligible on this account. A moderate knowledge of latin would obviate this.

The nomenclature of science is latin, and our own language is one-half of latin derivatives. This being the case anyone belonging to a learned profession is greatly handicapped in his career who knows nothing of this language. In medicine he may be proficient because nature may have done much for him but with the same amount of natural ability and study he would be the more polished and completed by the latin education.

It is hoped that the California Medical College will be able each year, to graduate a better educated class of students, and the best way would be to insist on a higher grade of examination for matriculation, and that among other things, a moderate knowledge of latin should be essential.

The Class of '92, by and large—equal to anything of its size.

Responded to by Dr. Congdon.

Mr. President, Ladies and Gentlemen—I am not an impromptu speaker, but to-night I am filled with joy and enthusiasm. (and eatables) from the bottom of my os calcis to the top of my œsophagus, and now when I realize that our college days are over, and our real work begun, it makes me feel like going back and resuming my seat in our college again; for the

relationship which has existed between professors and students has been a very pleasant one, and I think that the last course of lectures has been one of the most successful as well as pleasant to both professors and students, in the history of our college; and I know that I voice the sentiment of each and every individual member of the class of '92, when I say that among the many things which we so highly appreciate, one is the devotion which you, the professors of California Mcd ical College have shown us, in exercising your energies and individual exertions in our behalf, so that we, when we go out from under your jurisdiction, will be ably qualified to successfully compete with our professional brethren in the practice of medicine and surgery.

I believe that every member of this class has a bright future before them, notwithstanding that as a rule:

The path of the young doctor let me say it right here,

Is not as it might be one pathy all cheer.

The Regular and Irregular pursue different tracts; And the one will call the other most contemptible quacks.

But '92 will hold their heads up, and look wise as owls, Will select the best remedies, and laugh at their scowls.

Eclectic Medical Colleges in the East—may they ever be honored for faithful educational work.

Responded to by DR. RINK.

My experience in eastern colleges not having been very extensive, perhaps I cannot do better than to simply say a few words contrasting the eastern schools with the California Medical College. I attended two courses in an Eclectic College in the East. At the close of the second term of lectures there, I felt the need of a change; of graduating from some school of medicine with a first-class reputation and where I could secure more thorough teachings in the beau-

tiful, rational and everlasting Eclectic System of Medicine. I began to inquire of Eclectic physicians concerning the different Eclectic Schools of the United States. I found that they ranked the California Medical College with the very best and second to none. It might have been the genial climate of the Pacific Coast that influenced me to a certain extent, but I can say that that influence was comparatively slight. It was the splendid reputation of the school here that lured me to your beautiful State. I am very glad I came and I shall not leave the State to practice.

It is a common saying that western people are noted for their energy and perseverance. I think the further west one goes, the more pronounced he will find that characteristic.

Here you drive things with a vim which Eastern colleges do not have; and which is sure to land you at the coveted goal.

The people, as a rule, believe that only one faculty is necessary to run a Medical College, but it requires a great many faculties. Among, and perhaps somewhat mingled and intermingled with the numerous other faculties, is one I shall name, the "Get there faculty", and this the California Medical College seems to have very prominently developed. I am glad to be counted worthy of a place in your graduating class, and shall always feel proud to own the other fourteen gentlemen and ladies of the class, as my class-mates. We have this evening received diplomas which we can hang up by the side of those of any of the best schools in America, and not feel one bit ashamed of them, but rather very proud.

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The State Medical Society, a band of earnest, worthy men and women—may their numbers and influence constantly increase.

Responded to by DR. W. A. HARVEY.

That Society had been incorporated under the laws of the state, eighteen years ago by the fathers of Eclecticism on this coast, with a two-fold object. First, to aid in developing the science and art of medicine and surgery in general, and that of Eclecticism in particular. And secondly, to protect and enhance the interests of the individual members.

The same principles are being carried out at the present time, and the many privileges we enjoy to-day are in a great measure due to the efforts of this Society. He also complimented the Faculty and Alumni of the California Medical College, upon the support and influence they had given.

Closing—he said—"I wish to impress upon the class of '92, the benefits you will receive by being members of the State Society and attending its every meeting, you should consider it a duty you owe to yourselves, your college, and your cause to join this Society.

Our next annual meeting will be held Dec. 13th and 14th, 1892, in the California Medical College Hall, 1422 Folsom Street.

The boys of the Class of '92—it takes a woman's tongue to recite their merits.

Responded to by Dr. CARRIE L. COOK.

I know I have the corroboration of the other ladies of the class in saying that the boys of '92 are the best boys in college, and that they have always been kind and considerate toward us. We are a class of Bohemians, all of the professions being represented, we have one lawyer, one hydropath, one or two ministers and several musicians, to say nothing

of the cow-boy. but taking them one and all they are the jolliest and the best boys that ever adorned the college benches.

The Lady Graduates of the Class of '92—it takes a big man to give them justice.

Responded to by DR. COCKERILL,

Ladies and Gentlemen—If bigness counts. it would take a Goliath of Goth to give the ladies of our class justice. During our whole course they have ever been energetic, scholarly and lady-like. Should Fortune deal by them according to their merits, they will meet with the highest success in life, both professionally and socially. They will never lack a friend while there is a gentleman of our class within call.

Our Faculty-

Responded to by DR. LUELLA STONE.

Ladies and Gentlemen.—I did not expect to be called upon to speak this evening and as nearly everything to be said has been said, I will not attempt any remarks, but I should like to take this occasion to express my gratitude to the Faculty for all they have done for me, and I think all my classmates will join with me in saying that we owe everything, our present success, and that which we hope to have in the future, to the help and interest we have received from our Professors.

Lady Physicians—we grant them equal opportunities, and wel come them with open arms.

Responded to by Dr. J. W. HAMILTON.

We received them with open arms—but to lay jest aside we as a school were the first to welcome them to the medi

cal profession to equal rights and equal pay for like service with the male members of the profession and we still hold them honorable contestants for any and all the prizes to be won in the profession.

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After the banquet a general hand-shaking and good-bys were indulged in, and all went home feeling that it was good to have been there. Most of the graduating class have now located with flattering prospects.

At the coming meeting of the State Society, there will be an effort made to change the date of meeting, and make it fall at or near the time of our commencement exercises, as many friends throughout the State would be glad to attend both, but cannot leave their business twice, within so short a time. By having the meeting of the Society and graduating exercises come together, many will come to attend the two, who would come to neither alone.

Another advantage is, it gives the physicians from the different parts of the State an opportunity to form the acquaintance of the newly made doctors, and together they can talk over prospective locations. Many times a well established physician wants a partner, knows of a good location, or is appealed to, to send or recommend a physician for a certain location. This they cannot always do without a personal acquaintance with the one to be recommended, and we know of no better way to form such acquaintance, than to all meet once a year at our State Society. Every Eclectic should ever have a watchful eye for a good opening for a brother Eclectic and thus fill up the vacancies with men of our own kind.

### Class Notes.

#### BY DR. LUELLA STONE.

- —The college term has closed and most of the students have gone to their homes for the vacation.
- —The graduating exercises were a great success. The programme was interesting and well carried out, and the large hall was filled with a friendly and enthusiastic audience. The banquet following the exercises, given to the class by the Faculty, was most enjoyable and greatly appreciated by the class.
- —Now that the third year students have become M. D's, they have begun to scatter to their prospective homes, or to look up a home to go to.
- —We understand there are to be two weddings in the near future; Dr. Rink and Dr. Conrad being the prospective grooms.
- —Dr. Rink has gone to Selma, Fresno Co., where he will locate.
  - -Dr. Congdon expects to locate in Brownsville, Yuba Co.
- —Dr. Cockrill will remain at his home in Bloomfield, Sonoma Co.
- —Dr. LaGrange expects to start for Chicago in a few weeks to take a course in the Dental College.
- —Some of the class will remain in San Francisco to practice. Dr. W. H. Fearn has his office at 1228 Market Street.
  - —Dr. Tuchler will continue his office at 112 Grant Ave.
- —Dr. Davidson is located in the Donohue building where he will continue the practice of dentistry.
  - —Dr. Cook will remain for a time in the city.
  - -Dr. Knight is located with Dr. Jordan on Geary St.
- —Dr. Stone is associated with Dr. W. B. Church at the Oakland Sanitarium.
- —Among the audience at the graduation were noticed several of the last year graduates: Dr. C. Z. Ellis, of Downie-ville; Dr. S. H. Hall, of Volcano; Dr. Farrar, of Berkeley; Dr. Florence Wall, of Elsinore; Mrs. Dr. Hamilton and Dr. Tomkins, of San Francisco,

# ORGANIC CHEMISTRY.

BY PROF. M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO, CAL., Professor of Chemistry and Toxicology, in the California Medical College.

CO, mucus and a gum-like substance; a little mannitol and lactic acid are formed at the same time.

The glucoses separate cuprous oxide from alkaline cupric solutions. Upon this is based Fehling's and other tests for glucose in urine. One molecule of glucose reduces five atoms of copper as Cn<sub>2</sub>O.

The esters of sugars with organic acid radicles are termed glucocides.

The tannins are glucocides of aromatic acids.

Glucose, Grape Sugar, Dextrose C<sub>6</sub>H<sub>12</sub>O<sub>6</sub>, occurs in many ripesweet fruits, such as cherries, raisins, honey, etc. It is almost always accompanied by lævulose and usually by cane sugar. Dextrose and lævulose together form what is known as invert Dextrose is also found in such animal fluids as the sugar. chyle, allantoic fluid, in the liver and in eggs. In cases of diabetes mellitus the urine contains from 8 to 10 per cent. of grape sugar, so that in the course of 24 hours the quantity of such sugar eliminated frequently amounts to 500 grains. It is formed by the action of dilute acids upon cane sugar, starch, cellulose and most of the glucocides. The most available source of glucose is starch, which yields glucose only; 50 parts of starch are added to boiling dilute H2SO4 (H2SO4, 5 parts; H,O, 100 parts) in which it dissolves, forming dextrine. This changes into dextrose after several hours boiling under pressure, the H2SO4 is removed by CaCO3; by this method we get 60 per cent. of dextrose. It crystallizes from H2O or dilute alcohol, with one molecule of H2O, in nodular, cauliflowerlike masses, or microscopic rhombic plates, which melt at 86°.

Grape sugar is not as sweet as cane sugar, but is much used to sweeten wines. It dissolves without charing in H<sub>2</sub>SO<sub>4</sub>,

and reduces the salts of most of the metals. Cupric acetate and sulphate are reduced to copper suboxide (Cn<sub>2</sub>O), which produces a brick red to a dark brown color in diabetic urine. See test for sugar in urine. Nascent H converts grape sugar into mannite. From ammonical silver solutions, the silver is precipitated by glucose in the form of a mirror. Hence, grape sugar is used for silvering mirrors and other glass articles.

To a solution of dextrose, add first a solution of potassium hydrate, and then copper sulphate, a deep blue mixture is obtained, which on heating yields a precipitate of cuprous oxide. This reaction is so delicate that the 0.000,000,1 of grape sugar may be recognized by the red color formed, see also test for sugar in urine. Dextrose has a large number of side salts.

Lævulose Fruits Sugar C<sub>6</sub>H<sub>12</sub>O<sub>6</sub> is found associated with dextrose in most all sweet fruits and honey. It is likely that cane sugar first forms in plants and that a ferment breaks it up into dextrose and lævulose. It may be prepared by heating inulin with H<sub>2</sub>O; the inulin is completely changed to lævulose. Lævulose forms a thick syrup, which dries to a delequescent mass at 100°. It crystallizes from alcohol in fine silky needles, fuses at 95°, is more soluble than dextrose, and more slowly fermented. It is lævo-rotatory, and reduces copper solutions the same as dextrose. Nascent H changes it into mannitol.

Galactose, Lactose C<sub>6</sub>H<sub>12</sub>O<sub>6</sub> forms on boiling milk sugar with dilute acids. It is obtained from many gums. It is dextrorotatory, reduces copper solutions and does not ferment. Sodium amalgam converts it into dulcitol.

Arabinose C<sub>6</sub>H<sub>12</sub>O<sub>6</sub> is obtained from gum-arabic and other gums by dilute H<sub>2</sub>SO<sub>4</sub>. It is dextro-rotatory and does not ferment.

Sorbin  $C_6H_{12}O_6$  is found in mountain ash berries, and the juice of many other ripe berries. It forms hard rhombic crystals. It is very sweet, reduces copper solutions, but does not ferment.

lnosite C<sub>6</sub>H<sub>12</sub>O<sub>6</sub> occurs in many animal organs, such as the bain, lungs, liver, spleen and kidneys of the ox; in

the urine of man, after inordinate water drinking, and in Bright's disease. In the vegetable kingdom it is found in the French bean, unripe pea, lentil, white cabbage, foxglove, dandelion, asparagus, in the young potato, grapes, and the leaves of grape vine, ash and walnut trees. It does not reduce copper solutions. It crystallizes in rhombic prisms with two molecules of H<sub>2</sub>O. It is very sweet, but does not undergo the fermentation with yeast, but undergoes the lactic fermentation. The Hexnitrate forms a powerfully explosive compound.

Eucalyn C<sub>6</sub>H<sub>12</sub>O<sub>6</sub> is a thick syrup, obtained from melitose by boiling with dilute H<sub>2</sub>SO<sub>4</sub>. It is only slightly sweet, is not fermentable, but reduces alkaline copper solutions.

Dambose C<sub>6</sub>H<sub>12</sub>O<sub>6</sub> occurs in coutchoue, it crystallizes in sixsided prisms, which melt at 212°. It possesses a sweet taste

Scyllete C<sub>6</sub>H<sub>12</sub>O<sub>6</sub> occurs in the kidneys of such fish as the shark, skate, dogfish, etc., and in the livers of most cartilaginous fishes. It crystallizes in monoclinic prisms, which have a slightly sweet taste.

## CANE SUGAR.

Cane sugar or saccharose  $C_{12}H_{22}O_{11}$  occurs in the juices of many plants, but principally in sugar cane, which yields 6 to 24 per cent. Maize yields 7 to 9 per cent. Many palms yield sugar. Beet root yields 7 to 20 per cent. Madder root 14 to 15 per cent. Coffee beans 6 to 7 per cent. It is also found in walnuts, hazlenuts, almonds, barley, etc. The sap of many trees, as the lime, birch, sycamore, and especially the maple, also oranges and limes. Also the flowers of the rhododendron, some varieties of cactua, red clover, etc. Honey consists of a mixture in varying proportions of several kinds of sugar, depending upon what the bees gather from the nectar of the flowers. Glucose is usually found in fruits, while cane sugar is usually found in the stalks of plants.

In the manufacture of cane sugar the sap obtained by pressure or diffusion is boiled with milk of lime, to saturate the

acids and precipitate the albuminoids. The juice si next saturated with CO<sub>2</sub>, filtered through animal charcoal, concentrated, and evaporated in vacuum pans to a thick syrup, out of which the sugar crystallizes on cooling. Or it is mixed with a pure sugar solution and crystallized in a centrifugal machine. The thick syrup that is left is known as molasses. It contains 50 per cent. of cane sugar, which is prevented from crystallizing by the presence of uncrystallizable sugar, gum, caramel and salts.

When its solutions are evaporated slowly cane sugar crystallizes out in large monoclinic prisms, which dissolve in  $\frac{1}{3}$  parts of warm  $H_2O$ , it is only slightly soluble in alcohol. Its sp. gr. is 1.606. Its aqueous solution is lævo-rotatory. It melts at 160°, and on cooling solidifies to an amorphous glassy mass which soon returns to its original form. At 200° it changes to a brown non-crystallizable mass called **Caramel**, which is used as a coloring material for liquors, etc.

Cane sugar is decomposed into dextrose and lævulose when boiled with dilute acids. When strongly heated peculiar aromatic odors are evolved and the sugar becomes what is known as sugar charcoal. If sugar be triturated with eight parts of PbO it will take fire.

When sugar is mixed with yeast no immediate fermentation is produced, but on standing invert sugar is formed and this ferments. Sugar acts as an anti-putrescent, hence it is used to preserve fruits, ham, etc.

Cane sugar yields saccharates with bases Mon-di and tri saccharates of calcium are good examples. The liquor calcis saccharatus was once officinal and used for vomiting of pregnancy. Saccharose tetra-nitrate is very explosive.

Milk Sugar, Lactose,  $C_{12}H_{22}O_{11}$  occurs only in the animal kingdom in the milk of mammals. It was at one time believed that the milky sap of the West Indian tree, Sopota achras, contained milk sugar, but that sugar has some points of difference from genuine milk sugar. It occurs in all kinds of milk, in the amniotic liquor of the cow and some pathological secre-

#### EDITORIAL.

#### Malpractice.

#### Twins Born Four Months Too Soon.

THE WOEFUL RESULT OF DR. BEEDE'S GRAND DISPLAY OF IGNO-RANCE.

(From Stockton Daily Republican:)

An outrageous case of malpractice and one which emphasizes more and more the danger of patronizing unreliable physicians in our city has lately been brought to the notice of the Republican

Mrs. Matthew Ford is the wife of a hard working man, who has a neat home in the Fair Oaks Tract, east of the city limits. They are a happy couple and long married, and Mrs. Ford has borne to her husband five children, all of whom are to-day living and as sturdy, hearty youngsters as one could wish to see.

About a month ago Mrs. Ford developed what she considerd to be a stomach trouble and consulted a reputable physician regarding it. He told her that she was merely going to bear another child and that there was no cause to worry. But the lady was not content, but visited the office of Drs. Beede and Giesea. Dr. Beede gave her a thorough examination and then told her that there was no child there, but that she was suffering from abdominal dropsy. He continued to treat the unfortunate woman at her home, but the swelling did not subside and he finally decided to perform the operation technically known as "tapping," to draw off the water he believed to have accumulated in the abdomen. The operation was performed by Drs. Beede and Knight, on Thursday afternoon, but no water was found. It was decided to perform another operation yesterday but Dr. Beede was too "unwell" and it was postponed till today. Last night twin boys were prematurely born to Mrs Ford. The children were only just living and died within fifteen minutes.

When Mr. Ford was seen today by a Republican representative he could add but little to the above story. Mrs. Michael McAllen, the mother-in-law of Mrs. Ford's brother

told the following rather surprising tale to the reporter: "I have lived in this city for thirty-three years and am a qualified midwife. I was present when the tapping was done and held the dipper to catch the water. But a spoonful of blood was discharged from the opening and not a drop of water was to be seen. The doctors made great preparations and had a wash-tub and a wooden bucket in the room to hold the water.

When no water came, Dr. Beede said the operation was not a success and another would have to be performed. In case the second operation should be unsuccessful, he said he would treat her for a tumor in the stomach. At the time of the operation Mrs. Ford told him that she had regular labor pains but he assured her it was merely "nervousness!" The babes (and I saw them this morning) must have been four months before time."

A case like this is, on the face of it, one which should engage the attention of the grand jury at the earliest possible moment. Eminent physicians say that there is not an iota of excuse for such a mistake, and reputable lawyers state that the Fords have excellent grounds whereon to base a suit for heavy damages.

This bright man, Dr. Beede, graduated in the Medical Department of the State University in '84, and being a graduate of a regular school, and having duly swallowed the "Hippocratic Oath," he surely could not make such a gross mistake, and we would advise him to bring suit for libel, against the Republican at once.——v.]

#### The Joys of a Surgeon.

On the first day of January of this year, we operated on a lady who had a large pus-sack in the right broad-ligament. There was a large amount of fetid pus, the stench being so great that one could scarcely stay in the room. The woman died just twenty-four hours later; the kidneys refusing to act after the operation. There were present at the operation six or seven leading physicians and surgeons, and two or

three medical students. Now comes the pleasant (?) part. We a few moments ago (just before the beginning, and the cause of this article) ordered two women out of our office. One of them, the spokes-woman, was in Portland, Or., at the time of the above operation, and yet she had the effrontery to come into our office and charge us with butchery and murder, saying that she knew there was no need of an operation, that there was nothing the matter with the woman, and that had she been present she would not have allowed it, etc., etc., till we gently reminded them of the fact that there was a hole in the wall. We have recited this little incident, to show how unjustly, and often times injuriously a surgeon may be criticized. We had a similar experience three years We had a nephew who had the remnant of an eye which was causing him much trouble, and we advised its removal; which was very successfully done by our Prof. Cornwall. A few days later some distant relatives of the boy's step-father, took the advantage of being of the female sex, came into our room where we were at the time sick, and berated us in a most unlady-like manner. It is needless to say the young man soon recovered with a good, movable stump, wears an artificial eye, and says he would not be as he was before for a thousand dollars.

Doubtless others who do surgery are subjects of the same gross injustice. It was for this reason that a great surgeon once said: "A man who does surgery should never have any property that could be touched by law, for he is likely at any time and without any just cause to be made defendant in a suit for mal-practice."

#### Our New Drug Law.

We have been informed by a friend (druggist) that the Supreme Court of our state has just rendered a decision to the effect that no one except a licensed pharmacist, can own and operate a drug-store in the State of California; no matter if the whole business is conducted by a clerk who holds the required license. This seems to us to be treading on sacred ground, as far as personal rights are concerned.

Now this law, like some of the class-legislation on the medical question, is supposed to be for the protection of the dear people; and from the weeping, wailing, and entreating of these whole-souled philanthropists, who are so anxious—when it is to their own interests—to protect the people, one would wonder why all the people were not killed either by the doctor or druggist, before we had those wise and humane laws enacted.

Now this same law which requires the owner of a drug store to be a licensed pharmacist, allows him to hire a clerk, who holds only an Assistant's license, to run his store and dispense his drugs. Would it not have been a more just law, and a better protection to the people, if any one who chose, could own a drug-store provided they had a licensed pharmacist for a clerk? But to us it seems that the most equitable law that could have been enacted, would have been one requiring that either the owner or clerk of every drugstore must be a licensed pharmacist.

It does seem that every man has a right to engage in, or invest his money in any business he may choose, if he protect the rights of other people by having competent assistants.

Every man who owns an engine is not an engineer, and would not be allowed to jeopardize the lives of the travelling public by trying to operate his engine; yet who would submit to a law that would make an engineer's license a pre-requisite to the ownership of an engine? We also feel that anyone who holds a license to practice medicine ought de facto have the right to conduct a drug-store.

#### SELECTIONS

#### PROTECTION OF THE PERINEUM.

Wm. S. Gardner (Journal of Gynecology, September, 1891) writes that the value of a complete perineum is so great that the gynæcologist spends much time inventing new methods for its repair. What he has to offer on this subject is only the method of applying the principle that time is the great perineal protector, bearing in mind that almost any perineum will distend sufficiently to allow the safe passage of the head, if only the head can be prevented from advancing with too great rapidity just during the last portion of the second stage of labor. The two great forces driving the child toward the outer world are the contractions of the uterus and the contractions of the abdominal muscles. There comes a time in the labor when the perineum has become so weakened by distention that it can no longer bear the great pressure of these combined forces, a time when a few minutes' delay means the prevention of a rupture. Uterine action is beyond our control; the contraction of the abdominal muscles can be controlled either by complete anæsthesia or by the will of the patient. She is instructed in the interval between the pains that when she feels a pain coming on she is at once to open her mouth and breathe through it as rapidly as possible. In addition the head is held back by pressing against the perineum in the direction of the pubes. The perineum should be as carefully guarded during the passage of the shoulders as during the delivery or the head.—Med. and Surg. Reporter.

ETHEREAL TINCTURE OF IRON, in doses of 10 drops three times a day, is lauded by Dr. Wyss in *chronic nephritis*—the albuminuria rapidly and completely disappearing in more than half of the cases so treated.

#### NOT THINGS, BUT MEN.

THE WORLD'S CONGRESS AUXILIARY OF THE WORLD'S
COLUMBIAN EXPOSITION.
OF 1893

#### DEPARTMENT OF MEDICINE.

DIVISION OF MEDICO-CLIMATOLOGY.

Subject: The Climates of the World, their Effects upon Health and Disease. Climatology from a Medical Standpoint.

Preliminary Address of the Committee of the World's Congress Auxiliary on a Medico-Climatological Congress.

The year 1893 will be made memorable by the Exposition that the World will hold in Chicago. There will be gathered not only the exponents of the industrial wealth of the world in all the forms of material progress, but the advances made in Art, Science and Civilization will also be set forth.

A series of Congresses representing all of the departments of thought and scientific investigation, is a true, even an indispensable part of a World's Exposition.

In accordance with this idea the World's Congress Auxiliary has been organized in connection with the World's Columbian Exposition, and has been recognized and approved by the Government of the United States. Among the assemblages to be convened, what more fitting than that the Department of Medicine, the great healing art, with its many divisions should be conspicuously presented? What more opportune time could have been selected by the Climatologists of the whole world to meet and compare their observations and views on the different climates of the earth, and their effects upon humanity, and the diseases to which flesh is heir.

With that object in view a Local Committee of Arrangements has been appointed by the World's Congress Auxiliary, and an Advisory Council will be selected from those emi-

nent in this department in different parts of the world, to arrange a World's Congress of Medical Climatology, to be held at Chicago during the Exposition Season of 1893.

The design is to hold this Congress at a time convenient to those who will attend the Congresses of the other Divisions of the Department of Medicine which are assigned to open May 29, 1893. This early date was chosen to accomodate those who will desire to attend the Medical Congress, to be held in Rome, in November of next year.

The movement is, as yet, in a formative stage, and much thought must be given to it before a detailed programme can be formulated.

The following topics have been suggested, and others will doubtless be added before the final programme is announced:

The Leading Characteristics of the Climates of the Various States, Countries and Sections of the World.

Diseases Produced by the Climatic Peculiarities and Weather Changes in the various countries.

Relation of Climate to Consumption. Climates in which Consumptives Recover, or are Materially Benefited.

Health Resorts: Special Features.

Relation of Climatic Changes to Epidemics.

Changes of Climate due to Cultivation. The effects of the Destruction of Forests, and other Changes Incident to Civilized Life.

The Relations of Diet and Climate.

What May be Done to Improve or Modify Climates for the Promotion of Health and Comfort?

Geography of Carcinomatous and Sarcomatous Diseases.

Geography of Bright's Diseases.

Climatic Factors which Produce Epidemic Influenza.

Relation of Climate to Rheumatism.

Relation of Climate to Catarrhal Diseases.

Relation of Climate to Longevity.

Waters and Climate.

Climatic Effects upon the Eye.

Relations of Climate to Diseases of the Ear.

The Effects of Sun Spots upon Climatic Conditions.

What More Can the Weather Bureaus do to aid Climatologists and disseminate Climatological Knowledge.

Comparison of Climatic Differences as manifested by Similar Diseases in the North and South Temperature Zones.

Climatic Relations to Remittent and Periodical Fevers, and to Continued Fevers.

Climatic Relations to Malaria.

Acclimation. Disorders Produced by Migration.

It is the purpose of the Committee, with the advice of the Council, to arrange for a report from each State and Country of its climatic peculiarities. The Health Resorts of each State and Section will also be properly represented.

This Congress will afford a most favorable opportunity to compare the Climates of the various States, Countries, Islands and Continents of the whole world, from a medical standpoint, by delegated representatives of the various localities.

The Changes that occur in Climates, and which possibly attend the great epidemics, merit world-wide attention.

If the effects of climates upon the one disease, consumption, can by such comparison, be fairly ascertained and approximately settled, great good will result to afficted humanity.

The bearing of Climate upon such Diseases as Rheumatism, Catarrh, Cancer, Bright's Disease, and generally upon Health and Longevity, will form especially interesting questions for consideration in the Congress.

The Committee would be pleased to have suggestions as to topics and modes of proceeding, as well as those who may take part in the discussions. Proposals for Membership of the Advisory Council are also invited.

All communications should be addressed to the Chairman of the Committee.

T. C. DUNCAN, M. D., Chairman.

We are pleased to give space to the above preliminary address of the committee of the World's Auxiliary on a Medico-Climatological Congress. If this movement is carried to a successful issue, as mapped out, it will be one of the important features of the great Columbian Exposition.

A SIMPLE METHOD OF TREATING MANY CASES OF LACHRYMAL OBSTRUCTION.

By George M. Gould, A. M., M. D.

I wish to urge that the vast majority of cases with symptoms of retention of tears are due to temporary and functional causes. There is a large number due to excess of secretion arising from eyestraining, from local irritations, or congestions of many kinds, etc. There is another and still larger class of cases in which the abnormal conditions of the nares or naso-pharynx are set up congestion of the lining macous membrane of the duct or sac, and hence stenosis and retained secretions.

Dr. S. D. Risley tells me that in the examination of a number of dry skulls he found in none lachrymal ducts which a lmitted of the passage of the larger probes advised for "probing" the living, membrane-lined, and therefore, narrowed canal. A little narrowing, the irritation of a little retained morbid material, the extension up from the nose or down from the conjunctiva of a frequently-present local congestion or inflammation—and we have the eye bathed in tears, lachrymal conjunctivitis, or dacryocystitis.

Under such circumstances, what anatomic ignorance, what physiological stupidity, what therapeutic sin, to "slit up the canaliculus," forever destroying its capillary function, and, by brute force, jamming a rod of metal down among the congested membrane, wounding it in every part of its length by crushing it between the rigid probe and the bons.

Let us go at nature less mechanically and brutally. Is there not a better way?

Little children are constantly "gouging the corners of their eyes," the inner canthi, with their fists in a way that sometimes appear almost dangerous. Here, then, is the latest discovery in therapeutics—massage made use of by infantile wisdom.

It would seem that the suggestion of massage, of continued and repeated emptying of the clogged sac by pressure, were worth trying. Perhaps massage alone would cure many cases. If now, without injury to these parts we could refill these empty but congested canals with antiseptic and astringent fluid, would we not at once and certainly cleanse, heal, and bring all back to physiological order? This is very easy.

First empty the sac and canaliculi by dexterous pressure and cleanse the eye and palpebral pockets of this unhealthy material. Then cant the patient's head back and to one side, or have him lie so that a teaspoonful of liquid will be held in the depression formed by the nose, orbital border, and superior maxilla. Fill this space with a solution of boric acid, and with the little finger again slowly empty the sac and canaliculi by pressure, and then, as slowly lessening the pressure, allow these spaces to refill, by suction and capillary attraction, with the solution under which the puncta are sub-Again, in half a minute empty the canaliculi and sac by pressure, but this time beginning the pressure from the canthus toward the nose and downward, so as to force the antiseptic solution downward into the duct. These alternate emptyings and refillings of the sac may be repeated several times and as often as desirable to meet the indications of the case. It will usually be found that the sac will soon become healthy and that pressure upon it will not cause regurgitation of morbid material through the puncta.

This treatment may not be "surgical," but it is "common sense."

A certain number of cases, however, will not yield to this treatment. There is too great a stenosis or spasmodic contraction of the muscular sphincter of the punctum, etc., so that the cleansing solution cannot be forced into the sac or duct. In such cases I am accustomed to insert one sharp point of the iris scissors into the punctum and snip it open about one-eighth of an inch, perpendicularly downward toward the conjunctival fold. This gives a larger opening for the indrawal of the solution.—New York Medical Journal.

#### SALOPHEN—CAN WE ADMINISTER THE REMEDY?

At this season of the year we get our most refractory cases of rheumatism, and the old questions arise: Can we increase the doses of our remedy? Will the gastric, nephrite or cardiac functions of our patient permit a further use of the medicaments in which danger, discomfort, or perhaps failure are involved? In reviewing the combination of salicylic acid with various bases, and especially the phenols, the physician feels that he has here several weapons of requisite power, provided the patient can withstand their use: The personal equation is the cause of trouble, and it cannot be ignored. These causes seem to have induced many able practitioners to promptly test a new remedy - paramidosalol - which, under the name of Salophen, makes exceptionally high claims as a safe and effective medicament in acute rheumatism. Y. Med. Jour., July 30, 1892, Dr. Wm. H. Flint presents a series of cases in which he has tested Salophen for the con-His conclusions are clearly and decidedly given, as follows:

"No relapses occurred and no complicating endorcarditis,

pericarditis or pleuritis appeared. From these facts the writer concludes that we possess in Salophen a remedy equally potent as the other salicylates to control the symptoms of acute rheumatic arthritis but devoid of their tendency to weaken the heart's action, to disturb the stomach and to produce albuminuria and smoky urine."

Salophen was administered in doses of fifteen grains every three hours, or thrice daily, with ten grain doses of bicarbonate of soda given at the same time. Dr. Flint's conclusions are amply confirmed by those of Frolich (Vienna) who states (Wein. Med. Woch. Nos. 25-6-7-8, 1892) that "Salophen has shown itself a prompt and rapidly acting remedy against acute rheumatism," and that "It may be administered even in large doses, for a long time, without the disagreeable after effect of either salicylic or phenolic preparations." Gutman, Siebel, Goldman and others testify also, to constantly successful results from the exhibition of Salophen in arthritic conditions, and it is not improbable that the employment of this new derivative will not, in private practice, be attended with the professional anxiety inseparable from the treatment of rheumatism with more or less toxic compounds.

#### A HINT AS TO CRAMPS.

Many persons of both sexes are troubled with cramps in one or both of their legs. It comes on suddenly, and is very severe. Most people jump out of bed—it nearly always comes on just after going to bed or while undressing—and ask some one to rub the leg. There is nothing easier than to overcome the spasm. Provide a good, strong cord—a long garter will do if nothing else is handy. When the cramp comes on, take the cord, wind it round the leg over the place that is cramped, and take an end in each hand and give it a sharp pull—one that will hurt a little. The cramp will instantly cease, and the sufferer can go to bed assured that it will not come again that night.—The Medical Fortnightly.

CANCER (?) OR ULCERATION OF THE STOMACH CURED BY A DIET OF FROZEN MILK.

I read with much interest the narration in the N. Y. Medical Times of a case of supposed cancer of the stomach cured by a diet of ice cream.

It recalled to my memory a notable case, which I think I never reported.

The subject was an old gentleman between sixty and seventy years of age. He was given up to die by his physicians in a small town in Indiana. He was removed to Chicago to end his days at the residence of his daughter.

He had not been able to retain any food on his stomach for many months. Rectal feeding had been tried, but not very successfully. He was greatly emaciated and almost demented. At the earnest request of his daughter I took charge of the case, but first called in consulation the late Dr. H. A. Johnson, whose diagnosis was cancer of the pylorous. A distinct nodular swelling was found in that region. For a time he was fed by rectal injection of Rose's peptonized beef and Cornish's preparation. At every attempt to give any liquid food by the mouth intense gastralgia and vomiting followed.

To relieve the pain cocaine was tried, without effect, as were all other medicines. Ice cream was tried, but it invariably caused such pain that its use was abandoned. He craved milk, and could sometimes take a small quantity ice cold. It occurred to me to try frozen milk, and I found he could take half an ounce at one time with less pain than any other food.

Having used codeine sulph. in a similar case with great relief in a patient, who eventually died from cancer of the pylorus, I prescribed a syrup of codeine sulph. (one-half grain in each teaspoonful of syrup of tolu;) he was given a teaspoonful every six hours day and night.

After this was commenced he could take one ounce of fro-

zen milk every two hours without suffering from gastralgia or vomiting. The milk when frozen was not hard, but soft and friable. The best fresh New Jersey milk was used. He steadily improved under this treatment. Rectal alimentation was abandoned. For six weeks he used no other food. Then the codeine was gradually abandoned, and beef tea gradually given, alternating with the frozen milk. At the end of three months he went back to his Indiana home cured. He could eat any food he desired. He lived five years in good health. He died of typhoid fever.—Dr. E. M. Hale in N. Y. Medical Times.

#### How to Loosen Glass Stoppers.

The Pottery and Glass-ware Rep. states that some one of the following methods is certain to prove effective:

1. Hold the bottle, or decanter, firmly in the hand, or between the knees, and gently tap the stopper on attenuate sides using for the purpose a small piece of wood, and directing the strokes upward.

2. Plunge the neck of the vessel in hot water, taking care that the water is not hot enough to split the glass. If the

stopper is still fixed, use the first method.

3. Pass a piece of lint around the neck of the bottle, which must be held fast while two persons draw the lint backwards and forwards.

4. Warm the neck of the vessel before the fire and when

it is nearly hot the stopper can be removed.

- 5. Put a few drops of oil around the stopper where it enters the glass vessel, which may then be warmed before the fire. Then apply process No. 1. If the stopper still continues immovable, repeat the above process until it gives way, which it is almost sure to do in the end.
- 6. Take a steel pin, or needle, and run it round the top of the stopper in the angle formed by it and the bottle. Then hold the vessel in your left hand and give it a steady twist toward you with the right, and it will very soon be effectual. If this does not succeed, try process No. 5, which will be facilitated by it.—N. Y. Medical Times.

THE RELATION OF THE DURATION OF GESTATION TO LEGITIMATE BIRTH.

By T. Ridgeway Barker, M. D.

The author in discussing this subject called the attention of the profession to the unjust censure which, was heaped upon mother and child by the public, owing to the prevalent idea among the laity that the duration of gestation was a fixed term, limited to nine calendar months. Should the unfortunate young bride be delivered of a mature infant in some 255 days after the disappearance of her last sickness, society and even the court, if misinformed by ignorant "expert' testimony, might readily bring in a verdict of unchastity and moral illegitimacy without the slightest warrant. In the report submitted of forty-two cases of gestation, marked by unusual brevity or undue length, the question of legitimacy did not enter, as they were all married females in good standing. Since conception was not co-incident with insemination, the writer stated that there must always be an element of uncertainty in calculating the date of confinement. Lowenhardt's observations were cited as going to prove that • though impregnation followed a single coitus in two women the same number of days after menstruation, yet there existed no absolute correspondence as to the date of their con-The variability in the duration of gestation it was shown was not due solely to the difference in the time of conception, but in a great measure depended upon the rapidity of embryonic growth. This fact could not be doubted when one continually meets with women who had been delivered of mature infants after carrying them for only 242 days, while another's term consumed some 323 days.

Schroeder was quoted as saying: "I do not doubt for a moment that a mature child can be born in 240 to 320 days from the last period." The writer pointed out the danger to society which lurked in the mistaken notion as to the duration of gestation, showing how readily it might become the rock on which marital trust and confidence would be wrecked

With reference to the cases reported, there were three sets of twins as follows: Case No. 1, two females, gestation 274 days; Case No. 8, male and female, 265 days, while Case No: 15, two females, was only 242 days. The mother's age would seem to have no determining effect upon gestation, for of the forty-two cases reported, seventeen were over thirty years. Twenty-seven were marked instances of brevity of the gestation period, varying from 242 to 274 days, while in the remaining fifteen cases duration was 289 to 323 days.

Between 290 and 323 days there were twelve cases, and over 300 days six cases. In twenty-one cases there were fifteen normal placentæ and six battledore. One fact of interest pointed out was the tendency for the same number of days to repeat themselves, thus four females were confined on the 265th day, four on the 266th, and two on the 307th day. When we realize these great variations in the duration of gestation can we do otherwise, asks the writer, than exclaim with Jaggard, "The real duration of pregnancy is an unknown quantity!" The question of legitimacy was not to be decided solely according to the length of gestation, nor the size, weight or development of the fœtus, but should represent "the sum of all the circumstances having a direct bearing upon the case."—Annals of Gynæcology and Pædiatry.

#### A SKEPTICAL HUSBAND.

An Italian Duchess, having given birth to a boy about the time her husband returned from a two years' absence, is trying to convince the court that the child is the product of union with her husband through the medium of his ghost. She has not yet stated whose material person the Linga assumed on that occasion, and that is just what the Duke is most anxious to ascertain.

#### INCESSANT HICCOUGH.

Incessant hiccough of varied cause and often cloaked under the denomination of "reflex neurosis" may often be releived by diverting the nervous energy into other channels, and accordingly by the induction of sneezing, which, like hiccough, is a specially modified respiratory movement, the spasmodic action of the diaphragm ceases; the mere application of an excitant to the nasal mucous membrane, even does it not induce sneezing, is often sufficient.

The cause may, however, not be so easily transferred as we have often found not merely its discovery but its removal a matter of insurmountable difficulty, as the under noted case quoted by Brown, of Decatur, well illustrates:

S. S—, a Russian peddler, aged twenty-seven, admitted to hospital April 30, 1888. Had always been in good health: on admission complained only of a persistent and incessant hiccough, which continued night and day; it had already lasted one week; he was thoroughly exhausted from loss of sleep and the pain and soreness produced by the constant contractions of the diaphragm; the usual remedies for these cases, such as morphine, bromine and chloral, ether, cannabis indica, bismuth, soda and atropine, were each tried, but with little or no effect; morphine in large doses would relieve for one or two hours and allow the patient some sleep; electricity applied to the epigastrium and to the phrenic nerve was of no avail.

On examination over the region of the stomach that organ was found to be considerably dilated and to contain a large quantity of fluid; there was no external sign of a tumor or other pyloric obstruction; thinking that the dilatation of the stomach and the retention of the fermenting food might be a cause of the biccough I introduced a siphon-tube into the stomach and thoroughly washed out that organ; at least two quarts more of fluid were removed than had been introduced through the tube, and that which was removed was in a high state of fermentation. After this operation the hiccough entirely ceased and the patient had his first good night's sleep in sixteen days. He was discharged two days later with no return of the trouble.—Pacific Medical Journal.

#### EUROPHEN AND EUROPHEN-ARISTOL.

Dr. John V. Shoemaker has lately concluded an exhaustive study of Europhen, with a view to aid in deciding its place in surgical therapeutics. The writer gives a careful review of the work of other observers in this direction, and largely coincides in their conclusions concerning the efficacy of this new remedy. At the same time he gives in detail the results of his own clinical tests with Europhen. These include certain variations in the method of treatment, and involve special therapeutic points which must be regarded as new and important contributions to our knowledge of this medicament. In the following brief abstract we are unable to present more than an imperfect statement of some of the more salient points in Professor Shoemaker's clinical experience with Europhen and Europhen-Aristol. For the complete article the practitioner is referred to the original article in the Journal of The Am. Med. Ass'n, August 6th, 1892.

In Case 1, the Europhen treatment was applied to a chronic, unhealthy leg ulcer in an old man. The edges were callous and the lesion was surrounded by a zone of livid ty. Many remedies had been used with little or no effect. First cleansing the surface with a weak, luke-warm solution of carbolic acid, the writer applied Europhen-Aristol in powder, covered with borated absorbent cotton, and a bandage to the knee. "A highly gratifying effect," says the writer, "was produced." Within ten days the character of the sore was completely changed. Healthy granulations made their appearance; a course of repair was inaugurated which proceeded steadily, and, at the end of four weeks, the surface was soundly cicatrized.

Case IV. A man, age 68; chronic ulcer of the right thigh with the character of a superficial epitheliomia. Curretting and cauterizing of no avail, Europhen powder applied without much improvement. Then a preparation of ziii to ziv of Europhen to zi of fat was employed. The pain subsided; healthy granulations appeared, and in about four months the ulcer was healed.

Case V. A woman, age 50; epithelial ulcer on the left half of nose, deep red color; raw, but dry surface and hardened edges. Aristol was used to some advantage, but the ulcer remained open and irritable. Europhen gave about the same result. The two remedies were then used alternately for some weeks, but still the condition remained comparatively unchanged. Finally, the mixture of equal parts of Europhen and Aristol was used, when the ulcer began to gradually but steadily heal from the bottom, and in about ten weeks a well-marked cicatrix had formed.

Case VI. Sycosis of upper lip, which was red, hot, swollen and surmounted by papules, pustules, scales and crusts. I removed the crusts with oil of ergot; washed the part with a weak lotion of hamamelis, and applied a ten per cent ointment of Europhen. This was used several times, daily, and effected a complete cure.

Case VII. I found that in several cases of carbuncle, after the necrosed tissue had been expelled. Europhen powder aids the work of repair. Europhen-Aristol gave the same good results.

Case VIII. A man, age 18; papular acme of face and back, interspersed with comedones. External remedies had thus far failed. A suitable diet and the use of Europhen ointment (3 i to 3 ii to 3 i excipient) effected a cure.

The author derived excellent results from the use of Europhen in eczema. An obstinate case of eczema of the hands and feet (case XI) was promptly cured by Europhen-Aristol. Case XIII refers to a psoriasis of many years standing in which Europhen-Aristol was used. Dr. Shoemaker states that he had already found Aristol useful in this condition, but that Europhen-Aristol produced a more rapid and decided effect. In the lesions of syphilis he found Europhen and its compound valuable. The author highly commends Europhen as a dressing which is harmless and agreeable to use, and as srch is well adapted to gynecological practice and the diseases of children. He thought that the mixture of Europhen and Aristol added to the efficacy of each. Europhen in powder acts more effectively in some cases than Europhen in ointment. The strength of ointments may be increased or diminished according to the needs of the case. In the experience of the author, the proportion of one drachm of Europhen to the ounce of fat makes an efficacious ointment.

#### BOOK NOTES.

A TREATISE ON DISEASES OF THE NOSE AND THROAT IN TWO VOLUMES. BY FRANCKE HUNTINGTON BOSWORTH, A. M. M. D., Professor of diseases of the throat in Bellevue Hospital Medical College, New York; Consulting Laryngologist to the Presbyterian Hospital; Fellow of the American Laryngological Association, of the American Climatological Association, of the New York Academy of Medicine; Member of the New York Laryngological Society, of the Medical Society of the County of New York, etc.

We have been familiar with the literature on opinions of Dr. Bosworth for a dozen years or more, and while not always agreeing with him have realized that no one could write books but that some part will be found wanting. We notice that in the new treatise he has changed the nomenclature of nasal diseases from that in the volume written several years ago. This is commendable. We have taken more pains than is common for the editorial review of books to peruse this treatise of Dr. Bosworth, and can say unreservedly that it is one of the most meritorious we have seen published in the specialty. The virtues are so many and prominent and the faults so few and insignificant, that the latter sink into insignificance by comparison.

In conclusion we would say that anyone wishing a text-book complete in every particular, he will find it in these volumes. New York, Wm. Wood & Co.

DISEASES OF THE LUNGS, HEART AND KIDNEYS. By N. S. DAVIS, JR., A. M., M. D., Professor of Principles and Practice of Medicine, Chicago Medical College; Physician to Mercy Hospital; Member of the American Medical Association, Illinois State Medical Society, Chicago Medical Society, Chicago Academy of Sciences, Illinois State Microscopical Society; Fellow of the American Academy of Medicine; Author of "Consumption, How to prevent it and How to Live with it," etc. No. 14 in the Physicians' and Students' Ready-Reference Series. In one neat 12 mo volume of 35.9 pages, Extra Cloth, \$1.25 net. Philadelphia: The F. A. Davis Co., 1231 Filbert Street.

This volume comprises a part of the topics lectured upon by the author for several years in the Chicago Medical College. In the treatment he has endeavored to give explicit directions as to the time when individual drugs should be given, used, the exact indications for them, and their mode of action in each disease. Dr. Davis has endeavored to describe as clearly, concisely and fully as possible, the above subjects.

ACNE AND ALOPECIA by L. Duncan Bulkley, A. M., M. D., Professor of Diseases of the skin, New York Past-Graduate Medical School, Physician to the New York Skin and Cancer Hospital, etc., etc. Price in paper, 25 cents, cloth, 50 cents. George S. Davis, Fublisher, Detroit, Mich.

In this little book an attempt has been made to present the subjects of Acne and Alopecia in a clear, concise and practical a manner as possible. The object has been only to present the subjects as they appear to one daily engaged in relieving both conditions, and to render aid to others having fewer clinical advantages in this line of practice. Physicians should read this little book if they wish to keep posted.

## SPECIFIC \* WEDICINES

### ALWAYS RELIABLE.

#### THE Remedies of the Eclectic Profession.

DR. H. VANDRE in an article on "OUR MATERIA MEDICA," read before the Eclectic State Medical Society of California, states as jollows:

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The fluid extracts are often made from old musty and worthless herbs, having lost their identity and all their virtues; hence, if you desire a physiological action and expect any returns I can not recommend too highly Lloyd Bros.' Specific Medicines, from the simple fact that the old school have been using most of our preparations. Having had no results from their fluid extracts, hence they had recourse to the more powerful drugs in our materia medica to accomplish their purpose. Finally as results and comparisons will show, we give less drugs, more to the point and fewer passes to the cemetery."

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